



PTO/SB/82 (09-03)

**REVOCATION OF POWER OF
ATTORNEY WITH
NEW POWER OF ATTORNEY
AND
CHANGE OF CORRESPONDENCE ADDRESS**

Application Number	10/721,462
Filing Date	11/22/2000
First Named Inventor	Adnan Shennib
Art Unit	2644
Examiner Name	Faulk, Devona E.
Attorney Docket Number	022176-001500US

I hereby revoke all previous powers of attorney given in the above-identified application:

☐ A Power of Attorney is submitted herewith.

OR

☒ I hereby appoint the practitioners associated with the Customer Number:

20350

☒ Please change the correspondence address for the above-identified application to:

☒ The address associated with
Customer Number:

20350

OR

☐ Firm or
Individual Name

Address

Address

City

State

ZIP

Country

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I am the:

☐ Applicant/Inventor.

☒ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

Technology Center 2600

SIGNATURE of Applicant or Assignee of Record

Name Susan Whichard, Vice President, InSound Medical, Inc.

Signature

Date

Telephone

510-792-4000

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☐ Total of _____ forms are submitted.



PTO/SB/88 (08-03)

Attorney Docket No. 022176-001500US

Client Ref. No.

STATEMENT UNDER 37 CFR 3.73(b)Applicant/Patent Owner: Insonus Medical, Inc., (now InSound Medical, Inc.—see attached merger document 01/08/2002)Application No./Patent No.: 10/721,462Filed/Issue Date: 11/22/2000Entitled: Intracanal Cap for Canal Hearing DevicesInSound Medical, Inc. a Corporation

(Name of Assignee)

(Type of Assignee, e.g., corporation, partnership, university, government agency, etc.)

states that it is:

1. ☒ the assignee of the entire right, title, and interest; or
2. ☐ an assignee of less than the entire right, title and interest.
The extent (by, percentage) of its ownership interest is _____ %

in the patent application/patent identified above by virtue of either:

- A. ☒ An assignment from the inventor(s) of the patent application/patent identified above. The assignment was recorded in the United States Patent and Trademark Office at Reel 011646, Frame 0064, or for which a copy thereof is attached.

OR

- B. ☐ A chain of title from the inventor(s), of the patent application/patent identified above, to the current assignee as shown below:

1. From: _____ To: _____
The document was recorded in the United States Patent and Trademark Office at Reel _____, Frame _____, or for which a copy thereof is attached.
2. From: _____ To: _____
The document was recorded in the United States Patent and Trademark Office at Reel _____, Frame _____, or for which a copy thereof is attached.
3. From: _____ To: _____
The document was recorded in the United States Patent and Trademark Office at Reel _____, Frame _____, or for which a copy thereof is attached.

☐ Additional documents in the chain of title are listed on a supplemental sheet.

- ☒ Copies of assignments or other documents in the chain of title are attached.

(NOTE: A separate copy (i.e., the original assignment document or a true copy of the original document) must be submitted to Assignment Division in accordance with 37 CFR Part 3, if the assignment is to be recorded in the records of the USPTO. See MPEP 302.6)

The undersigned (whose title is supplied below) is authorized to act on behalf of the assignee.

Sept. 5, 2004
Date

510-792-4000

Telephone number

Susan Whichard

Typed or printed name

Susan Whichard
Signature

Vice President, InSound Medical, Inc.

Title